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ABSTRACT

Suggestions are offered to help schools develop health education programs that will meet individual and community health needs and concerns. An outline is provided for designing a curriculum in elementary and secondary schools that will cover the topics of physical and mental health, attitudes and responsibilities that will promote safety, and community health. Appended are sample surveys that may be used to determine health needs in the school and the community. (JD)

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PLANNING HEALTH EDUCATION PROGRAMS IN OREGON SCHOOLS

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Spring 1978

Basic Education Section
Oregon Department of Education
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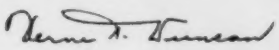
FOREWORD

A successful health education program addresses the health of the total person. This publication, together with four "learning activity" supplements, offers suggestions to help schools shape their programs toward meeting today's needs. District curriculum planners will want to review these materials in light of local needs and concerns. While students must be given instruction in health education in order to be graduated, it should be kept in mind that students may be provided with alternatives according to individual needs and abilities.

I would like to thank health professionals, parents, the State Advisory Council on Health Education and many others who took part in developing this publication.

For further information, please contact Len Tritsch, our Health Education Specialist, at 378-3602.

Cordially,



Verne A. Duncan
State Superintendent of
Public Instruction

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SECTION I: ADMINISTERING THE PROGRAM

In any well-planned program, those in charge must have an agenda clearly in mind. For example:

Are the needs of the community understood?

Are community standards being taken into consideration?

Are methods and course content selected that are suitable to student maturity?

Are classroom management skills used appropriate to course content, such as fostering a classroom atmosphere where individual opinions are respected?

Are various teaching methods used including group and interpersonal communication skills?

Are available resources used effectively?

Is the program kept up-to-date through school and community involvement, student feedback and professional workshops?

To develop and implement a comprehensive school health education program requires a step-by-step progression toward the desired goal. (See transparency master in the Appendix, page 69.)

STEP 1 SECURE ADMINISTRATIVE AND SCHOOL BOARD SUPPORT

Support of the district administrators and school board is essential to a health education program. Support includes a budget which will assure that the personnel, time and other resources necessary for program development are available.

STEP 2 ASSIGN RESPONSIBILITIES TO A HEALTH COORDINATOR

A district/school coordinator may be assigned to:

1. Serve as a district liaison for the schools, community and health-related agencies.
2. Provide leadership or serve as an advisor for student groups or committees participating in health program activities.
3. Provide information (including instructional materials) to the school administration and staff regarding the school health plan.
4. Help evaluate the total school health program.
5. Help plan inservice for school health programs.
6. Help assess the health needs of children and interpret the school policies and procedures to be used in cases of illness or injury.
7. Help arrange for health services in the school(s).
8. Help provide the means by which teachers may observe and report health concerns.
9. Help develop specific procedures through which referrals and follow-up may be made easily and effectively.
10. Help develop a plan by which the *Oregon School Health Record Cards* may be kept up to date and effectively used.

The coordinator, unless otherwise instructed by the administration, should not assume personal responsibility for carrying out all the above recommendations. The entire staff shares these responsibilities.

Consultants should be called upon when needed. Sources for such help are: the education service districts, county health departments, local medical and dental societies, local welfare departments, local volunteer health agencies, the State Health Division and the Oregon Department of Education.

STEP 3 ESTABLISH A SCHOOL HEALTH EDUCATION AD HOC ADVISORY COMMITTEE

School health education should reflect and involve the entire community. A health education ad hoc advisory committee identifies community needs through the interaction of a cross-section of citizens.

An ad hoc advisory committee can act as a sounding board, carry out public relations activities, and make recommendations to the administration, board of education and to health coordinators.

Selection of Membership

A list of potential candidates should be made. Consideration should be given to:

- community leaders who are decision makers
- those who support health education
- those who question the need for health education
- representatives from community groups (ministers, volunteer agencies, minorities, PTA, school boards, school administrators and other personnel, public health groups)
- teachers from each grade level
- students

Potential candidates should be contacted and furnished information on the purpose, functions and time commitments, with a follow-up letter confirming the appointment and including the first meeting date and proposed agenda.

At the first meeting, committee members should be oriented to the scope of health education by a person well versed in the subject. The orientation should:

- promote health education awareness
- provide committee members with understandings in common
- use clear language that fits each person's frame of reference
- refer to Oregon's minimum standards for schools as related to health education*

The agenda should include determining such matters as: leadership roles, decision-making guidelines and meeting times.

STEP 4 ASSEMBLE HEALTH EDUCATION PHILOSOPHIES

The health education coordinator should collect and report on the various philosophies regarding health education, for review by the committee.

STEP 5 DEVELOP A DISTRICT HEALTH EDUCATION PHILOSOPHY STATEMENT

It is recommended that a subcommittee draft a philosophy for the full committee's consideration. The philosophy developed by the committee should be its springboard for action. The philosophy should be revised periodically after evaluating both community needs and the present program.

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*_Elementary-Secondary Guide for Oregon Schools: Part I_ (Salem: Oregon Department of Education, 1976).

STEP 6 ASSESS THE STATUS QUO

It is recommended that a survey be taken of administrators, teachers, parents, students and other community members to determine attitudes toward the current program and toward health education in general. This will point the way.

Two sample surveys can be found in the Appendix.

STEP 7 WRITE DISTRICT GOALS

District and program goals should express the district's philosophy and self-evaluation as well as the latest trends in health education learning theories. Planned course statements are built from these goals. (For more on goal-based planning and assessment, see page 5.)

STEP 8 IDENTIFY KEY STAFF TO DELIVER THE PROGRAM

Depending on the size of the district, it may prove advisable to test the proposed program in one school at each grade level. It is helpful if teachers volunteer, rather than be selected, to test the program.

STEP 9 PROVIDE STAFF INSERVICE

A key to a successful program is staff inservice. While the teacher has the major responsibility for health education, learning extends beyond the classroom. Staff members need to be aware of how they influence the health habits and outlooks of students.

Unless staff are aware of methods and materials needed for the new curriculum, even the best of programs may fail.

STEP 10 SCREEN RESOURCES

All resources, including speakers, should be screened by school personnel. The advisory committee should be involved in developing the screening process.

STEP 11 EVALUATE THE PROGRAM

A program's effectiveness is determined through comprehensive evaluation. The evaluation should be shared with the community; a program meeting community needs can expect community support, a program not meeting community needs warrants change. The program should be evaluated annually and revised accordingly.

SECTION 2: PLANNING THE CURRICULUM

State Minimum Standards

Statewide goals for Oregon schools are presented in OAR 581-22-201:

> "(1) The Board, in response to the changing needs of Oregon learners, sets forth six goals for the public schools.
>
> (2) Conceived and endorsed by Oregon citizens, the statewide goals are designed to assure that every student in the elementary and secondary schools shall have the opportunity to learn to function effectively in six life roles: INDIVIDUAL, LEARNER, PRODUCER, CITIZEN, CONSUMER and FAMILY MEMBER . . .
>
> (3) The statewide goals shall be implemented through the district, program and course goals of each local school district . . . ."

The State Board of Education's Minimum Standards for Oregon Schools contain certain requirements that relate directly to health education in Oregon. One standard, OAR 581-22-208, reads as follows:

> "Each local school district shall adopt and implement a system of instructional program planning and assessment to provide for:
>
> (1) Sets of goals including:*
>
> (a) District goals . . .
>
> (b) Program goals . . .
>
> (c) Course goals . . . ."

In addition, OAR 581-22-221 requires that students kindergarten through 8 shall receive instruction in health education. OAR 581-22-226 requires that students in grades 9 through 12 shall earn one credit in health education prior to graduation. OAR 581-22-231 requires that students shall demonstrate district adopted competencies to . . . "Develop and maintain a healthy mind and body."

Central to the inteht of the minimum standards is to encourage districts toward goal-based planning.

Goal-Based Planning for Health Education

Oregon manages K-12 instruction by means of GOAL-BASED PLANNING (*not* competency-based education).

Goals are guideposts. They serve to give purpose and direction to a planning activity. Goals provide a common language for discussing the merits of various activities as those activities are carried out.

In health education, just as in any other instructional program offered by an educational system, a sense of purpose and direction is essential to good planning. But what are these purposes and directions? Where do they come from? Why should the health education teacher be concerned? These are questions to be answered before effective planning of a health education curriculum can proceed.

Each teacher must realize that planning a health education curriculum cannot begin and end only in a given classroom. It needs to be done with a sense of similar planning in other classrooms and districts within the state.

The goals, goal setting, and competency identification activities the Oregon Department of Education prescribes provide districts a common reference for the planning process. In goal-based planning, teachers must consider four goals: state goals for Oregon learners, district goals, program goals, course goals.

*See sample goals on page 7.

State Goals answer the question: What does the Department of Education think a student should get out of public schooling anywhere in Oregon?

District Goals answer the question: What do the local community and its schools think a student ought to get out of local schooling and how is that to relate to State Goals?

Program Goals answer the question: What do the local curriculum planners and health education teachers think a student ought to get out of health education and how is that to relate to District Goals?

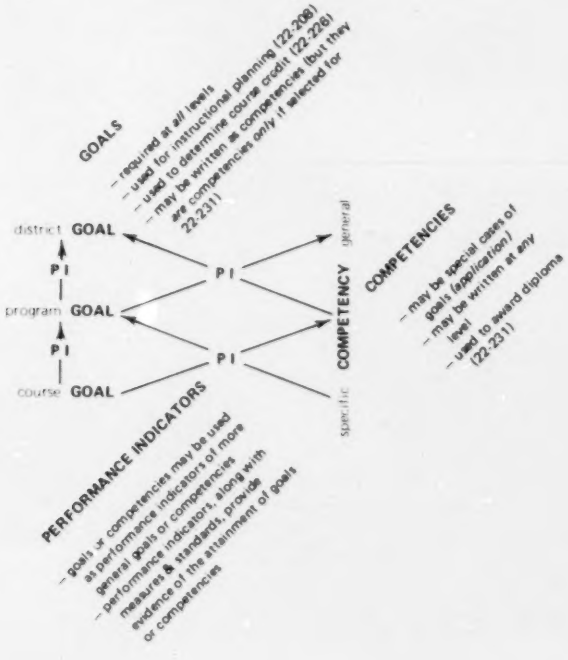
Course Goals answer the question: What do the health education teachers think a student ought to get out of any health education course and how is that to relate to Program Goals?

Where, then, does competency fit in goal-based planning?

It fits as a separate but related design. It is merely one of three graduation requirements. Districts plan and evaluate instruction by means of GOALS, *goals local districts themselves write*. Districts assess whether students get diplomas by means of COMPETENCY, CREDIT and ATTENDANCE, *requirements local districts themselves fix minimums for*.

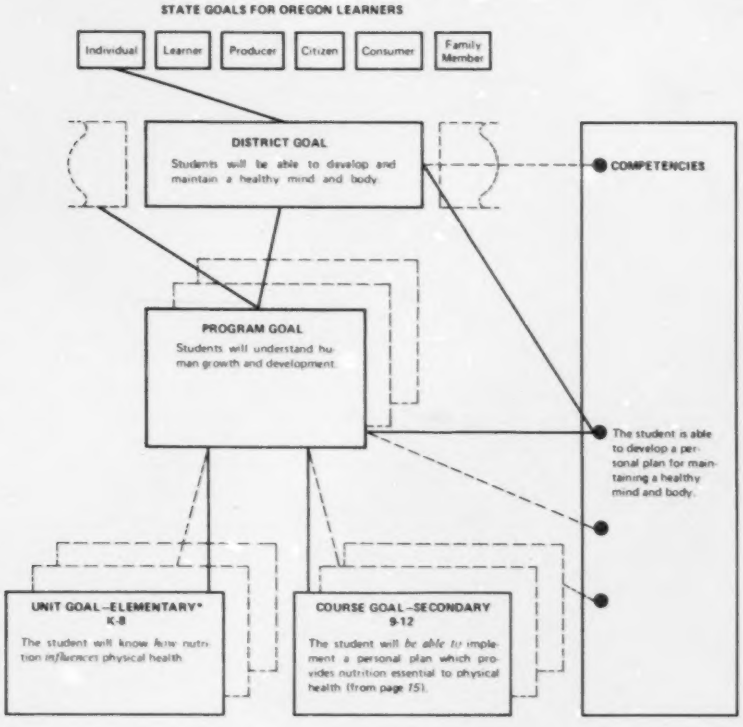
COMPETENCY in Oregon, as probably across the nation, means being *capable, fit*. For students, it means having demonstrated they can likely APPLY outside school what they've already learned—in or out of school. A competency in Oregon is merely a local statement fixed as proof ALL students will likely be able to do tomorrow outside school something the community has agreed is worth doing. It is a local statement calling for APPLYING skills and information ACQUIRED from probably several courses (not just one*) . . . or from perhaps no courses at all. It is a local statement ALL students must demonstrate. If only SOME must—say, only those who take an elective course in Health Occupations—the statement is NOT a competency in Oregon. Waivers aside, ALL students must demonstrate ALL competencies.

Viewed, then, as two separate but related designs, goals and competencies may look like this:


GOALS
– required at all levels
– used for instructional planning (22-206)
– used to determine course credit (22-226)
– may be written as competencies (but they are competencies only if selected for 22-231)
district GOAL
PI
program GOAL
PI
course GOAL
PI
PI
COMPETENCY
general
specific
COMPETENCIES
– may be special cases of goals (application)
– may be written at any level
– used to award diploma (22-231)
PERFORMANCE INDICATORS
– goals or competencies may be used as performance indicators of more general goals or competencies
– performance indicators, along with measures & standards, provide evidence of the attainment of goals or competencies

*To do otherwise may mean massive record-keeping chores for questionably narrow or shallow competencies.

For example, in health education:


STATE GOALS FOR OREGON LEARNERS
Individual
Learner
Producer
Citizen
Consumer
Family Member
DISTRICT GOAL
Students will be able to develop and maintain a healthy mind and body.
COMPETENCIES
PROGRAM GOAL
Students will understand human growth and development.
The student is able to develop a personal plan for maintaining a healthy mind and body.
UNIT GOAL–ELEMENTARY* K-8
The student will know how nutrition influences physical health.
COURSE GOAL–SECONDARY 9-12
The student will be able to implement a personal plan which provides nutrition essential to physical health (from page 15).

The system of goals and competencies just described is designed to help the teacher and health coordinator plan their own health education program. It promotes a framework for planning that may be shared by all those doing similar planning. It helps in planning for individual student goals and interests, to be done within the limits of available resources. It should not be used to limit what is planned. Rather it should be used as a starting place.

The program goals cited below were drawn from *Elementary-Secondary Guide for Oregon Schools, Part II*. This, or a similar set of goals, would help a district meet its district-level goals for health education and the State Board's statewide goals.**

SAMPLE PROGRAM GOALS

1. Students will have positive self-concepts.
2. Students will be able to deal positively with feelings about others.
3. Students will understand the importance of the family in providing psychological and physiological security of its members.
4. Students will understand human growth and development.
5. Students will be able to evaluate and use health materials and services.
6. Students will be able to live safely, prevent accidents and provide emergency care (first aid).
7. Students will understand current local, national and global health problems and some of the ways these problems might be solved.

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*The term *unit goal* is used at the elementary level in lieu of *course goal*, since elementary classes are generally not divided along the high school course pattern.

**Goals for Elementary and Secondary Education, OAR 581-22-201 (5) (a).

8. Students will be able to make decisions that will enhance the physical and mental health of community members.

9. Students will know career opportunities in health and allied fields.

Assessment

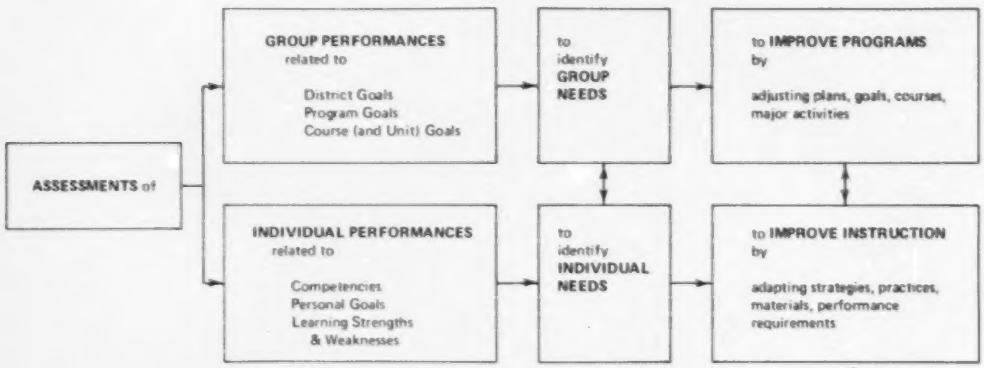
Once instructional plans are implemented, the teacher must pose the question: Are students attaining desired outcomes, and is the health education program helping them to reach those outcomes? The quality of the answers to these questions depends on for what purpose and how well assessment activities are designed and carried out.

To measure the attainment of any goal or competency (Was it reached? . . . *not* Why? or Why not? or even How well?), Oregon uses ASSESSMENT. Assessment in Oregon means *taking inventory*—asking, Where are we? Evaluation means judging the inventory(ies)—asking, What'd we intend to do? What did we do? How well'd we do it? What would we do different if we did it over? Assessment and evaluation are *not* synonymous in Oregon.

If it is desirable to know the kind of overall job the health education program is doing, then the performance of groups of students is significant. Assessment focuses on whether an acceptable majority of students is attaining established goals. The needs of groups of students can then be identified and program planning improved accordingly. If, however, it is desirable to know how well individual students are attaining desired (or required) outcomes, then the performance of each individual student is significant. Assessment focuses on the needs, interests, and learning strengths and weaknesses of individual students as they strive to develop and demonstrate desired outcomes. The needs of individual students can then be identified and learning activities, teaching strategies, resources, etc., adjusted accordingly.

These relationships are shown below. Assessment of each of the elements shown in the figure will provide answers to particular kinds of questions.

ASSESSMENTS OF GROUP AND INDIVIDUAL PERFORMANCES



Assessment of district attainment answers the question: To what extent are students attaining the outcomes of schooling the community and its schools desire?

Assessment of program goal attainment answers the question: To what extent are students attaining the outcomes health education teachers and curriculum planners desire?

Assessment of course goal attainment answers the question: To what extent are students attaining the outcomes health education teachers desire?

Assessment of competency attainment answers the question: To what extent is a student demonstrating desired *applications* of what has been learned in order to graduate?

Assessment of personal goal attainment answers the question: To what extent is a student attaining those outcomes designated as of greatest personal importance, need or interest?

Assessment of learning strengths and weaknesses answers the question: What characteristics reflected by a student's performance can be seen as enhancing or inhibiting attainment of desired outcomes?

In seeking answers to these questions, student performances that can be accepted as indicators of attainment of desired outcomes must be clear. These performance indicators serve to guide the assessment activity in producing the most needed information.

To be in compliance with state requirements, each district must assure that assessment activities are carried out in relation to three points. Assessment of student demonstration of competencies required for graduation and identification of learning strengths and weaknesses are two of these. In addition, the health education program may be selected by your district for a special kind of assessment required by the state. If this happens, it will be necessary to analyze the goals of the program to determine the extent to which students must develop or apply reading, writing, and computing skills in attaining those goals. Assessment will then focus on describing how well the necessary skills are being developed or applied.*

Suggested Curriculum Topics

Pages 11 to 56 present topics which districts may wish to consider when developing their goal-based curriculum. Four areas are covered: physical health, mental health, safety and community health. On each page a topic is presented, followed by a suggested course goal, written at levels ranging from simplest to more complex.

*Assessment in goal-based planning is described on pages 17-30 in the ***Elementary-Secondary Guide for Oregon Schools: Part II, Suggestions*** (Salem: Oregon Department of Education, 1977).

PHYSICAL HEALTH

Key to physical health is attitude: attitude about what one can do, how well one can do it and how one looks and feels—these are basic to building and maintaining top physical condition. Physical health statements on the following pages are directed toward learning about physical characteristics, attitudes and practices that contribute to physical health.

1.1 Relationship of physical health to other health factors

Course or Elementary-Unit Goal:

The student . . .

. . . will know what relationships exist between physical health and each of the following: mental health, community health and safety.

. . . will be able to analyze existing relationships between physical health and each of the following: mental health, community health and safety.

. . . will be able to formulate a plan for healthful living which reflects the relationships between physical health and each of the following: mental health, community health and safety.

. . . will be able to implement a plan for healthful living which reflects the relationships between physical health and each of the following: mental health, community health and safety.

Suggested Content for Instruction and Performance Indicators:

Mental Health:

- Self-concept
- Interpersonal relationships
- Psychosomatic condition(s)
- Attitude toward physical fitness
- Attitude toward work

Community Health:

- Availability of quality services
- Community attitude toward physical fitness
- Community recreational facilities
- Influence of modern technology
- Immunization
- Fluoridation

Safety:

- Hazards
- Emergency care
- Planning
- Community attitude toward prevention

1.2 Influence of social factors on physical health

Course or Elementary-Unit Goal:

The student . . .

. . . will know various social factors which influence the physical health of individuals.

. . . will be able to analyze various social factors which influence the physical health of individuals.

. . . will be able to formulate a personal plan which reflects social factors influencing the physical health of individuals.

. . . will be able to implement a personal plan which reflects social factors influencing the physical health of individuals.

Suggested Content for Instruction and Performance Indicators:

Attitudes:

- Physical handicaps
- Community health care services
- Community standards for working conditions
- Grooming
- Eating
- Exercise
- Senses
- Prioritizing time
- Alcohol and drug use

Fitness:

- Family attitudes
- Influence of lifestyle
- Influence of school routine
- Effects of occupations
- Effects of technology
- Effects on body system
- Body appearance
- Nutrition
- Posture
- Rest
- Relaxation
- Personal rewards
- Prevention of injury
- Emergency demands for energy

Causes, Effects, Location and Release of Physical Tension:

- Physical
- Mental and emotional
- Identifying in self and others
- Challenge
- Competition
- Solitude
- Self-relaxation methods
- Breathing
- Whirlpool bath, sauna, steam bath
- Massage
- Therapy

1.3 Influence of nutrition on physical health

Course or Elementary-Unit Goal:

The student . . .

. . . will know how nutrition influences physical health.

. . . will be able to analyze the influence of nutrition on physical health.

. . . will be able to formulate a personal plan which provides nutrition essential to physical health.

. . . will be able to implement a personal plan which provides nutrition essential to physical health.

Suggested Content for Instruction and Performance Indicators:

Individual Nutritional Requirements:

- Sources of foods
- Food groups
- Empty food groups
- Extra food groups
- Enriched foods
- Daily nutritional needs
- Individual dietary requirements
- Preparing your own foods
- Importance of breakfast
- Snacks
- Nutrients
- Calories and energy
- Chemical additives
- Water

Attitudes and Conditions that Contribute to Good Nutritional Status:

- Individual responsibility
- Personal rewards
- Personal preference
- Peer groups
- Media and advertising
- Food production
- Food processing
- Economic and geographic conditions
- Social and religious customs and beliefs
- Nutritional status of nations and the world

Nutritional Problems, Their Causes, Effects and How They Influence Physical Health:

- Body weight
- Underweight
- Overweight
- Relationship of obesity to other health problems
- Heart diseases
- Corrective diets
- Fads and falacies
- High levels of cholesterol
- High levels of triglycerides
- Hypoglycemia
- Deficiency diseases
- Vitamin and mineral deficiencies
- Malnutrition
- Health hazards related to foods
- Food allergies
- Diet and prenatal development
- Infectious diseases

1.4 Patterns of human growth and development

Course or Elementary-Unit Goal:

The student . . .

. . . will know the physical and psychological patterns of human growth and development.

. . . will be able to analyze the physical and psychological patterns of human growth and development.

. . . will be able to formulate a plan to apply physical and psychological patterns of human growth and development to daily living.

. . . will be able to implement a plan to apply the physical and psychological patterns of human growth and development to daily living.

Suggested Content for Instruction and Performance Indicators:

Stages of Growth:

- Similarities and differences between the sexes
- Psychological and physiological changes
- Anxieties related to changes
- Glands

Factors Contributing to Individual Differences:

- Environment
- Influence of peers, family and community
- Social change
- Health habits and practices
- Individual growth rates

Genetic Relationships:

- Principles of heredity in plants, animals and humans
- Environmental impact
- Stages of reproductive cycle, including fetal development
- Diseases
- Rh negative factor
- Radiation
- Mutations
- Birth defects
- Multiple births
- Genetic counseling

1.5 Body systems

Course or Elementary-Unit Goal:

The student . . .

. . . will know the basic organization of body systems.

. . . will be able to analyze the function and interdependence of body systems.

. . . will be able to formulate a plan to apply the knowledge of the function and interdependence of the body systems to daily living.

. . . will be able to implement a plan to apply the knowledge of the function and interdependence of the body systems to daily living.

Suggested Content for Instruction and Performance Indicators:

Structure and Function of the Human Cell:

- Definition and description
- Parts and functions
- Similarities in plant and animal
- Organization of cells into tissues, tissues into organs, organs into systems, systems into organisms
- Blood cells
- Blood count
- DNA molecule

Structure, Function and Interdependence:

- Skeletal system
- Muscle systems
- Nervous system
- Circulatory system
- Endocrine system
- Respiratory system
- Digestive system
- Excretory system
- Reproductive system
- Sense organs

1.6 Current health practices

Course or Elementary-Unit Goal:

The student . . .

. . . will know various current medical and oral/dental health practices.

. . . will be able to analyze current medical and oral/dental health practices.

. . . will be able to formulate a plan to apply current medical and oral/dental health practices.

. . . will be able to implement a plan to apply current medical and oral/dental health practices to daily living.

Suggested Content for Instruction and Performance Indicators:

Influence of Individual Attitudes on Obtaining Effective Medical and Oral/Dental Health Care:

- Advantages of regular care
- Family attitudes
- Appearance
- Awareness through self-examination
- Common symptoms
- Symptoms requiring professional care
- Understanding access techniques
- Emergency decisions
- Fears related to health care
- Financing adequate medical and oral/dental health care
- Decisions and concerns about financing
- Health insurance

Professional Medical and Oral/Dental Examinations:

- Preventative
- Patient educators
- Role of specialists
- Role of paramedics
- Problems in obtaining services
- Resources for low-income persons
- Health insurance

Preventative Health Practices:

- Regular exercise
- Adequate nutrition
- Rest and relaxation
- Clothing
- Regular examinations
- Control of dental plaque
- Fluoridation
- Self-examination
- Premarital examination
- Pelvic examination
- Proctological examination
- Family planning
- Genetic counseling

1.7 Abusive behavior

Course or Elementary-Unit Goal:

The student . . .

. . . will know how abusive behaviors can affect physical health.

. . . will be able to analyze the possible effects on physical health resulting from abusive behavior.

. . . will be able to formulate a plan for reducing abusive behaviors.

. . . will be able to implement a plan for reducing abusive behaviors by self and others.

Suggested Content for Instruction and Performance Indicators:

Consequences of Abusive Behavior on Body Systems Including Use and Misuse of Alcohol, Tobacco and Drugs:

Differentiate use, misuse and abuse (define)
Components and byproducts of alcohol, tobacco and drugs
Process: oxidation, internal respiration, circulation, metabolism
Circulatory system
Respiratory system
Nervous system
Muscular system
Immediate effects
Short-term effects
Interrelationships between effects and body systems
Changes in: body chemistry, mood, behavior
Altering factors: body size, metabolism, state of physical and emotional health, pregnancy
Methods of determining existence of alcohol, tobacco and drugs in the body
Relationship to learned skills
Relationship to driving
Psychological implications relative to use and misuse: peer pressure, pleasure, relaxation
Current research

Long-range Physiological Health Problems Resulting from Abusive Behaviors Including the Use and Misuse of Alcohol, Tobacco and Drugs:

Low resistance to disease
Changes in cell structure
Chronic bronchitis
Emphysema
Cancer
Coronary disease and strokes
Alcoholism
Dependency

Methods of Altering Long-Range Physiological Health Problems:

Laws and regulations
Prescription and nonprescription drugs
Positive self-image
Peer pressure
Decision-making skills
Use of support services
Treatment facilities
Advertisement

The Physical Effects of Stimulating Substances Including Alcohol and Drugs:

Social
Food (e.g., preservatives)
Medical (e.g., antiseptics, disease prevention, pain relief)

*NOTE: See also "Abusive Behavior," Mental Health, page 32.

1.8 Physical health resources

Course or Elementary-Unit Goal:

The student . . .

. . . will be able to locate physical health resources.

. . . will be able to evaluate physical health resources.

. . . will be able to use physical health resources to facilitate healthful living.

Suggested Content for Instruction and Performance Indicators:

Sources of Information and Services*:

- Multimedia
- Magazines and periodicals
- Newspaper
- Telephone book
- Card catalog
- Community/school programs
- Community health services
- School health services
- Professional organizations
- Commercial enterprises
- Agencies
- Hospitals and clinics
- Medical and oral/dental health specialists
- Emergency services
- Pharmacies
- Rehabilitation programs
- Community recreational programs
- Chamber of Commerce
- General resources for services

Seeking Professional Help:

- Why
- When
- Who

*See page 3, Step 10.

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MENTAL HEALTH

The ability to learn and to effectively apply what is learned is directly related to one's mental health. Mental health itself is a product of one's physical condition, attitudes, values and relationships. Therefore, mental health education helps students better understand interpersonal relations, self awareness and the need for clear personal goals.

2.1 The relationship of mental health to other health factors

Course or Elementary-Unit Goal:

The student . . .

. . . will know what relationships exist between mental health and each of the following: physical health, safety and community health.

. . . will be able to analyze existing relationships between mental health and each of the following: physical health, safety and community health.

. . . will be able to formulate a plan for healthful living which reflects the relationships between mental health and each of the following: physical health, safety and community health.

. . . will be able to implement a plan for healthful living which reflects the relationships between mental health and each of the following: physical health, safety and community health.

Suggested Content for Instruction and Performance Indicators:

Physical Health Affects Mental Health:

- Physical appearance
- Physical condition
- Physical coordination
- Physical activities
- Physical expression of ideas
- Meeting physical challenges
- Health habits
- Nutrition
- Sustained emotional conflict
- Tension release
- Physical disability or disease
- Drug use*

Safety Affects Mental Health:

- Concern for others
- Prevention of accidents
- Hazards
- Personal emergency care skills
- Occupational safety
- Emergency services
- Available quality services

Community Health Affects Mental Health:

- Concern for others
- Feeling of community and attitudes
- Community involvement
- Community pride
- Available quality services

*See 1.7 Physical Health and 2.10 Mental Health.

2.2 Mental health as a changing and relative condition

Course or Elementary-Unit Goal:

The student . . .

. . . will know why mental health is a changing and relative condition.

. . . will be able to analyze situations which cause mental health to be a changing and relative condition.

. . . will be able to formulate a plan reflecting those situations which cause mental health to be a changing and relative condition.

. . . will be able to implement a plan reflecting those situations which cause mental health to be a changing and relative condition.

Suggested Content for Instruction and Performance Indicators:

Ups and Downs of Daily Living as Transient and Relative:

- Happiness
- Contentment
- Satisfaction
- Sadness
- Frustration
- Disappointment

Skills, Feelings, Behaviors and Attitudes Which May Promote Enrichment of Daily Living:

- Self-understanding
- Acceptance of limitations and potential
- Long- and short-term goal setting
- Sensory awareness
- Positive outlook
- Sense of humor
- Confidence
- Accepting responsibility
- Fulfilling commitments
- Respecting others and their property
- Sharing
- Open and honest communication
- Being flexible and adaptable
- Accepting constructive criticism
- Interpersonal relationships
- Decision-making process
- Dealing with authority
- Compromising
- Willingness to try different experiences
- Risk taking

Habits, Feelings, Events and Behavior That May Interfere with Daily Living:

- Fantasy and daydreams
- Misjudgment
- Anger
- Insecurity
- Dependency
- Rapid change
- Loss of persons or possessions
- Strange or new situations
- Lack of attention and affection
- Defeat
- Depression
- Anxiety
- Inability to sustain interests or personal relationships
- Unrealistic expectations
- Misunderstanding
- Compromising

2.3 Influence of environmental factors on mental health

Course or Elementary-Unit Goal:

The student . . .

. . . will know various environmental factors which influence the mental health of individuals.

. . . will be able to analyze how environmental factors influence the mental health of individuals.

. . . will be able to formulate a plan reflecting the environmental factors which influence the mental health of individuals.

. . . will be able to implement a plan reflecting the environmental factors which will promote the mental health of individuals.

Suggested Content for Instruction and Performance Indicators:

Natural Environmental Conditions and Their Effect on Mental Health:

- Space
- Light
- Weather
- Geography
- Natural resources
- Animal and plant life

Man-made Environmental Conditions and Their Effect on Mental Health:

- Population distribution
- Economic conditions
- Technology
- Institutions
- School
- Lifestyle
- Home
- Families
- Neighbors
- Isolation
- Noise
- Domesticated animals
- Activities (e.g., work and recreation)
- Traditions and activities
- Rapid change (e.g., new shopping areas, mobility, divorce)

2.4 Influence of nutrition on mental health

Course or Elementary-Unit Goal:

The student . . .

. . . will know how nutrition influences mental health.

. . . will be able to analyze the influence of nutrition on mental health.

. . . will be able to formulate a personal plan which provides nutrition essential to mental health.

. . . will be able to implement a personal plan which provides nutrition essential to mental health.

Suggested Content for Instruction and Performance Indicators:

Individual Nutritional Requirements:

- Sources of foods
- Food groups
- Empty food groups
- Extra food groups
- Enriched foods
- Daily nutritional needs
- Individual dietary requirements
- Preparing your own foods
- Importance of breakfast
- Snacks
- Nutrients
- Calories and energy
- Chemical additives
- Water

Attitudes and Conditions that Contribute to Nutritional Status:

- Individual responsibility
- Personal rewards
- Personal preference
- Peer groups
- Media and advertising
- Food production
- Food processing
- Economic and geographic conditions
- Social and religious customs and beliefs
- Nutritional status of nations and the world

Nutritional Problems, Their Causes, Effects and How They Influence Mental Health:

- Body weight
- Underweight
- Overweight
- Relationship of obesity to other health problems
- Heart diseases
- Corrective diets
- High levels of cholesterol
- High levels of triglycerides
- Hypoglycemia
- Deficiency diseases
- Vitamin and mineral deficiencies
- Malnutrition
- Health hazards related to foods
- Food allergies
- Diet and prenatal development
- Infectious diseases

NOTE: See also "Nutrition," Physical Health, Page 15.

2.5 Emotions as a part of the whole person

Course or Elementary-Unit Goal:

The student . . .

. . . will know why emotions are part of the whole person.

. . . will be able to predict situations that trigger emotional reactions which affect the whole person.

. . . will be able to analyze how various emotions affect the whole person.

. . . will be able to implement a plan to handle various emotions in a manner which reduces personal stress without causing undue hardship on others.

Suggested Content for Instruction and Performance Indicators:

Emotions and Mental Health:

- Emotional needs
- Factors which may trigger emotions
- Behaviors which may accompany various emotions
- Peer influence
- Cultural influences on the expression of emotions

Emotions and Stress:

- Common emotional pressures, conflicts and crises
- Preplanning to avoid, minimize or alleviate unnecessary stress

Coping with Emotions:

- Positive self-concept
- Communication
- Interpersonal relationships
- Joining or organizing groups
- Alternative modes of releasing emotions
- Defense mechanisms
- Self destructive behavior/suicide/homicide

2.6 Influence of attitudes and values on mental health

Course or Elementary-Unit Goal:

The student . . .

. . . will know how mental health is influenced by the attitudes and values of the individual, the home and society.

. . . will be able to analyze situations where mental health is influenced by the attitudes and values of the individual, the home and society.

. . . will be able to formulate a plan to affect those individual, home and societal attitudes and values which influence mental health.

. . . will be able to implement a plan to affect those individual, home and societal attitudes and values which influence mental health.

Suggested Content for Instruction and Performance Indicators:

Origins of Attitudes and Values:

- Home
- Ethnic
- Peer group association
- School
- Work
- Religious and spiritual
- Social organizations
- Government

Influence of Attitudes/Values on Behavior:

- Daily decisions
- Factors in making decisions based on attitudes/values/knowledge/experience
- Individual values and behavior in conflict
- Conflict between individual and societal attitudes/values
- Individual and collective attitudes/values

Individual and Group Differences:

- Influence on personal growth
- Prejudice
- Behavior which indicates acceptance or nonacceptance
- Problems created by acceptance or nonacceptance of individual or group differences

2.7 Relationship between mental health and movement through the life cycle

Course or Elementary-Unit Goal:

The student . . .

. . . will know various relationships between one's mental health and movement through the life cycle.

. . . will be able to analyze various relationships between one's mental health and movement through the life cycle.

. . . will be able to formulate a plan for maintaining optimal mental health while moving through the life cycle.

. . . will be able to implement a personal plan for maintaining optimal mental health while moving through the life cycle.

Suggested Content for Instruction and Performance Indicators:

Stages:

Prenatal life
Infancy
Childhood
Puberty
Adolescence
Young adulthood
Middle age
Preretirement
Later maturity
Death

Basic Emotional Needs/Psychological Needs:

Love
Identity
Self-esteem
Belonging
Security
Spiritual/Religious
New experiences

Experiences with Emotional Impact:

Change
Loss
Failure
Physical changes
Choosing a lifestyle
Marriage
Divorce
Parenthood
Additions to family and other groups
One-parent family
Unemployment
Retirement
Economic loss or gain
Planning for the future
Using leisure time
Responsibility toward elders
Loss of physical and mental ability
Death

2.8 Factors which influence sexuality

Course or Elementary-Unit Goal:

The student . . .

. . . will know various factors which influence an individual's sexuality.

. . . will be able to analyze why/how various factors influence an individual's sexuality.

. . . will be able to evaluate those factors which influences an individual's sexuality.

. . . will be able to implement a plan to affect those factors which influence an individual's sexuality.

Suggested Content for Instruction and Performance Indicators:

Physiological Factors Affecting Sexuality:

Anatomy of the reproductive system
Physiology of the reproductive system
Conception, pregnancy, fetal development and the birth process
Biological changes throughout life
Differences in growth and development
Sex stereotyping based on physical characteristics

Psychological and Sociological Factors Affecting Sexuality:

Sexual identity
Sexual orientation
Societal attitudes
Cultural attitudes
Societal and cultural expectations
Differences in social pressures for males and females
Roles
Parental influence
Peer influence
Feelings associated with physiological growth and development
Dating, courtship and marriage
Divorce
Mate rejection

2.9 Individual responsibilities when living alone or with others

Course or Elementary-Unit Goal:

The student . . .

. . . will know various individual responsibilities related to living alone or with others.

. . . will be able to analyze the consequences of executing individual responsibilities when living alone or with others.

. . . will be able to formulate a plan for executing individual responsibilities when living alone or with others.

. . . will be able to implement a plan for executing individual responsibilities when living alone or with others.

Suggested Content for Instruction and Performance Indicators:

Adjustment to Family, Single, Marital and Group Living Roles:

- Importance of the marriage contract
- Personal space and privacy
- Role identification
- Sibling relationships
- Relationship between society and an individual's chosen lifestyle
- Major changes in living situations
- Interdependency and responsibility in various living situations
- Making decisions about relationships
- Choosing roommates, marriage partners and living groups

Decisions and Responsibilities Related to Parenthood:

- Benefits and difficulties
- Choices related to family planning
- Choices related to adoption and foster parenthood
- Economic and legal responsibilities

Parental Responsibilities in Child Rearing:

- Prenatal care
- Adjustments to new children in the home
- Child care
- Choices and practices
- Problems of children's physical needs
- Meeting children's emotional needs
- Helping children discover their potential
- Giving children responsibilities
- Resources

2.10 Aspects of abusive behavior*

Course or Elementary-Unit Goal:

The student . . .

. . . will know various factors which tend to produce abusive behavior.

. . . will be able to analyze various factors which tend to cause abusive behavior.

. . . will be able to formulate a plan to reduce factors which tend to cause abusive behavior to self and others.

. . . will be able to implement a plan to reduce factors which tend to cause abusive behavior to self and others.

Suggested Content for Instruction and Performance Indicators:

Factors Making Abusive Behavior Relative:

- Self-image
- Goals
- Environment
- Peer influence
- Societal reinforcement
- Knowledge about alternatives
- Media and advertising influence
- Stress
- Thrill

- Abusive behavior for one person may not be for another
- Abusive behavior is preventable

Common Behavior Which Has Potential for Abuse:

- Eating
- Smoking
- Use of alcohol
- Drug use
- Recreational activities
- Exercise
- Gambling
- Working
- Use of power

Effects of Abusive Behavior on the Individual, the Family and the Community:

- Psychological
- Sociological
- Physiological
- Economic

*NOTE: See also "Abusive Behavior," Physical Health, page 19.

2.11 Mental health resources

Course or Elementary-Unit Goal:

The student . . .

. . . will be able to locate mental health resources.

. . . will be able to evaluate mental health resources.

. . . will be able to use mental health resources to facilitate healthful living.

Suggested Content for Instruction and Performance Indicators:

Sources of Information and Services*:

- Multimedia
- Magazines and periodicals
- Newspaper
- Telephone book
- Card catalog
- Professional organizations
- Agencies
- Mental health agencies
- Mental health professionals
- Clubs and organizations
- Chamber of Commerce
- General resources for services
- Family
- Friends

Seeking Professional Help:

- Why
- When
- Who

*See page 3, Step 10.

SAFETY

Safety depends on an individual's concern for the well-being of both the self and others. The fact that accidents are the primary cause of death among the nation's youth demonstrates the need for positive attitudes toward safety by our young people. Knowing the consequences of taking risks, as well as preventive action, can limit the number and seriousness of accidents. Knowing how to apply correct methods of emergency care at the scene of an accident increases chances for survival. The safety statements that follow are directed toward learning about attitudes and responsibilities that promote safety, causes and prevention of major accidents, techniques of emergency care, and the implications of taking various types of risks.

3.1 Relationship of safety to other health factors

Course or Elementary-Unit Goal:

The student . . .

. . . will know what relationships exist between safety and each of the following: physical health, mental health and community health.

. . . will be able to analyze the existing relationships between safety and each of the following: physical health, mental health and community health.

. . . will be able to formulate a plan for healthful living which reflects the relationships between safety and each of the following: physical health, mental health and community health.

. . . will be able to implement a plan for healthful living which reflects the relationships between safety and each of the following: physical health, mental health and community health.

Suggested Content for Instruction and Performance Indicators:

Physical Health:

- Physical conditions
- Physical condition of the citizenry
- Meeting emergency situations

Mental Health:

- Attitudes toward safety
- Self-concept
- Interpersonal relationships
- Acceptance of responsibility
- Stress-free environment
- Risk taking
- Personality of community
- Knowledge of emergency care
- Access techniques

Community Health:

- Attitude toward safety
- Hazard-free environment
- Availability of quality services
- Environmental control

3.2 Influence of attitudes on accident prevention

Course or Elementary-Unit Goal:

The student . . .

. . . will know various attitudes are influential in accident prevention.

. . . will be able to analyze how/why attitudes influence accident prevention.

. . . will be able to formulate a plan which reflects those attitudes which are influential in accident prevention.

. . . will be able to implement a personal plan which reflects those attitudes which are influential in accident prevention.

Suggested Content for Instruction and Performance Indicators:

Origin of Attitudes:

- Family
- Peer group association
- School
- Religious and spiritual
- Church
- Work
- Social organization
- Government

Influence of Attitudes on Behavior:

- Personality
- Judgment
- Responsibility toward others
- Individual values and behavior in conflict
- Daily decisions
- Factors in making decisions
- Maintenance of equipment and vehicles

Safety Personnel:

- Law enforcement personnel
- Fire fighters
- Playground supervisors
- Crossing guards
- Forest rangers
- Game wardens

3.3 Causes of common accidents

Course or Elementary-Unit Goal:

The student . . .

. . . will know various causes of common accidents.

. . . will be able to evaluate the causes of common accidents.

. . . will be able to formulate a personal plan to reduce the causes of common accidents.

. . . will be able to implement a personal plan to reduce the causes of common accidents.

Suggested Content for Instruction and Performance Indicators:

Home Accidents:

- Plastic bags
- Medicines and medicine cabinets
- Chemicals and poisons
- Fire hazards
- Appliances
- Wiring
- Refuse
- Stairs
- Toys
- Swimming pools
- Water supplies

Play Area Accidents:

- Location of area
- Toys and equipment
- Lack of maintenance
- Lack of rules and supervision
- Overcrowdedness
- Recreational vehicles

School Accidents:

- Student
- Poor facilities
- Maintenance of school equipment
- High risk areas
- Supervision
- Crowd control
- Natural disasters

Other Accident Factors:

- Rain, snow, frost, sleet
- Extreme heat and glare
- Sunburn
- Rush-hour traffic
- Hazards at dawn, dusk and in the dark
- Holiday hazards
- Defective equipment
- Construction sites

Anticipate Hazards:

- Education
- Example of others
- Neighborhood cooperation
- Plan ahead
- Rules and regulations
- Choosing a safe play area (including streets)
- Emergency telephone numbers and information

3.4 First aid and emergency control skills

Course or Elementary-Unit Goal:

The student . . .

. . . will know the various first aid and emergency control skills that contribute to the health and safety of self and others.

. . . will be able to analyze how first aid and emergency control skills contribute to the health and safety of self and others.

. . . will be able to formulate a plan to apply first aid and emergency control skills which will contribute to the health and safety of self and others.

. . . will be able to implement a plan to apply first aid and emergency control skills which will contribute to the health and safety of self and others.

Suggested Content for Instruction and Performance Indicators:

Reporting:

- Automobile accidents
- Industrial accidents
- Fire
- Poison
- Information required for securing emergency assistance

Emergency Control Skills:

- Sunburn
- Burns
- Bites
- Bleeding
- Fractures
- Respiratory emergencies
- Hypothermia
- Poisoning
- Shock
- Seizures
- Heart attacks
- Rescue

3.5 Safety and leisure time activities

Course or Elementary-Unit Goal:

The student . . .

. . . will know various rules, regulations and safety precautions for sports and leisure time activities.

. . . will be able to analyze the reasons for rules, regulations and safety precautions for sports and leisure time activities.

. . . will be able to formulate a plan to apply rules, regulations and safety precautions for sports and leisure time activities.

. . . will be able to implement a plan using rules, regulations and safety precautions for sports and leisure time activities.

Suggested Content for Instruction and Performance Indicators:

Water and Small Craft:

- Physical conditioning
- Techniques
- Swimming and wading
- Waterskiing and surfing
- Boating and sailing
- Life jackets
- Fishing
- Scuba
- Beach area
- Environmental hazards

Hunting and Firearms:

- Physical conditioning
- Techniques
- Survival preparedness
- Handling and storing weapons
- Storing ammunition
- Hazards of bullets, arrows, pellets, traps
- Hunting gear and clothing
- Handling of game
- Courtesy
- No trespassing

Hiking, Climbing and Camping:

- Physical conditioning
- Techniques
- Survival preparedness
- Campfire
- Proper equipment
- Food and water
- Wild animals

Recreational Vehicles:

- Physical conditioning
- Techniques
- Safety equipment
- Maintenance

Hobbies:

- Potentially dangerous equipment
- Maintenance and use of equipment

3.6 Prevention and control of fires

Course or Elementary-Unit Goal:

The student . . .

. . . will know procedures for the prevention and control of fires.

. . . will be able to analyze procedures for the prevention and control of fires.

. . . will be able to formulate a personal plan to prevent and control fires.

. . . will be able to implement a personal plan to prevent and control fires.

Suggested Content for Instruction and Performance Indicators:

Potential Fire Hazards and Preventive Action:

- Matches
- Smoking materials
- Flammable clothing and other fabrics
- Flammable and explosive substances
- Rubbish and trash
- Home heating systems
- Electrical fires
- Lightning and dry seasons
- Hazards on holidays
- Smoke and fire detectors

Reporting Fires:

- Location and use of fire alarms
- Location and use of fire hydrants and extinguishers
- Telephone
- False fire alarms
- Insurance companies

Self-protection in Case of Fire:

- Maintain self-control
- Breathing in a smoke-filled room
- Escaping
- Procedures to follow when clothing is on fire
- Protective devices and materials to cover clothing
- Practice fire drill
- Fire insurance policies

Control of Fires:

- History
- Fire-fighting equipment
- Wood and paper
- Oil and grease
- Oxygen supply to fires
- Oxygen supply
- Rural
- Forest

3.7 Traffic Safety

Course or Elementary-Unit Goal:

The student . . .

. . . will know rules, regulations and safety precautions related to traffic safety.

. . . will be able to analyze the reasons for rules, regulations and safety precautions related to traffic safety.

. . . will be able to formulate a personal plan to apply rules, regulations and safety precautions to promote traffic safety.

. . . will be able to implement a personal plan to apply rules, regulations and safety precautions for promoting traffic safety.

Suggested Content for Instruction and Performance Indicators:

Accident Prevention While Walking, Riding, or Operating a Vehicle:

Traffic laws
Traffic signals
Traffic control officers
Attitudes
Emergency preparedness
Seasonal conditions
Passenger rules
Use of seat belts
Pedestrian responsibilities
Bicycle maintenance and operating laws
Alcohol

Social Conditions Which May Influence Traffic Safety:

Characteristics of the automobile-centered society
Economic responsibilities related to owning a vehicle
Community decisions related to road construction and maintenance
Community resources for traffic safety education
Alternatives to the automobile-centered society
Influence of community transportation systems of traffic congestion
Community provisions for bicycle riders
Air pollution
Energy crisis

3.8 Safety precautions

Course or Elementary-Unit Goal:

The student . . .

. . . will know various safety precautions when interacting with people, products and the environment.

. . . will be able to analyze the reasons for safety precautions when interacting with people, products and the environment.

. . . will be able to formulate a personal plan for applying safety precautions when interacting with people, products and the environment.

. . . will be able to implement a personal plan applying safety precautions when interacting with people, products and the environment.

Suggested Content for Instruction and Performance Indicators:

People:

- Hitchhiking
- Identifying unusual or suspicious behavior
- Walking alone
- Being approached by strangers
- Family abusers
- Self-defense
- Reporting assault
- Employee safety training

Products:

- Commercial products to aid in self-defense
- Lawn mowers and power tools
- Industrial and farm machinery
- Protective devices on machinery
- Aerosol cans
- Exhaust systems
- Protective clothing for various occupations
- Inspection of equipment
- Dangerous toys
- Explosives

Interacting with the Environment:

- Identification and procedures to follow when confronted by potentially dangerous animals
- Pets
- Chemical poisoning and radiation
- Lighting conditions and eye safety
- Thermal inversion

3.9 Safety resources

Course or Elementary-Unit Goal:

The student . . .

. . . will be able to locate resources related to safety, accident prevention and emergency care.

. . . will be able to evaluate resources related to safety, accident prevention and emergency care.

. . . will be able to use resources related to safety, accident prevention and emergency care to facilitate safe healthful living.

Suggested Content for Instruction and Performance Indicators:

Sources of Information and Services*:

- Multimedia
- Magazines and periodicals
- Newspaper
- Telephone book
- Card catalog
- Laws
- Professional organizations
- Agencies
- Police
- Fire departments
- Highway department
- Safety councils
- Safety inspectors
- U. S. Weather Service
- Chamber of Commerce
- Clubs and organizations
- General resources for services

Seeking Professional Help:

- Why
- When
- Who

*See page 3, Step 10.

COMMUNITY HEALTH

Community health depends primarily on the health of individual community members. A community's health is determined by the attitudes of its members toward their own physical and mental well-being, their awareness of community health conditions and resources, and their willingness to accept responsibility for improvements. On the other hand, health conditions in a community directly affect the ability of residents to maintain top physical and mental health for themselves and their families. The following community health statements are directed toward the effect of individual attitudes and behavior, the effect of community health on the individual and the identification of community health problems and possible solutions.

4.1 Relationship of community health to other health factors

Course or Elementary-Unit Goal:

The student . . .

. . . will know what relationships exist between community health and each of the following: physical health, mental health and safety.

. . . will be able to analyze the existing relationships between community health and each of the following: physical health, mental health and safety.

. . . will be able to formulate a plan to promote healthful living which reflects the relationships between community health and each of the following: physical health, mental health and safety.

. . . will be able to implement a plan to facilitate healthful living which reflects the relationships between community health and each of the following: physical health, mental health and safety.

Suggested Content for Instruction and Performance Indicators:

Physical Health:

- Physical fitness of citizenry
- Recreational facilities
- Disease-free individuals
- Magnitude of disabilities
- Economic considerations

Mental Health:

- Mental fitness of citizenry
- Concern for others
- Feeling of community
- Community pride
- Attitude toward primary prevention
- Attitude toward involvement
- Personal contribution
- Donor programs

Safety:

- Concern for others
- Planning
- Availability of emergency care
- Accident-free environment
- Occupational safety
- Enforcement of safety regulations
- Attitudes of citizens toward safety

4.2 Factors which influence community health

Course or Elementary-Unit Goal:

The student . . .

. . . will know various factors and relationships which influence community health.

. . . will be able to analyze how/why factors and relationships influence community health.

. . . will be able to formulate a plan to reflect the factors and relationships which influence community health.

. . . will be able to implement a plan to reflect the factors and relationships which influence community health.

Suggested Content for Instruction and Performance Indicators:

Attitudes and Habits Toward Community Health:

- Attitudinal influences (e.g., family planning, littering, safety, community services, substance abuse, pollution, laws, etc.)
- Influence of habits (e.g., smoking, brushing and flossing, birth control, seat belts, nutrition, hygiene, etc.)

Community Health Programs Affecting Individual Health:

- Contributions of community health agencies to individual physical health
- Contributions of community health agencies to individual mental health
- Influence of community education programs on community health
- Influence of international health problems on community and individual health
- Interaction of federal, state and local health agencies in promoting community and individual health
- Quality of personnel and facilities in community health agencies
- Degree of public support for community health agencies
- Differing influences within a given community on individual health (e.g., culture, agriculture, population density, water supply, etc.)

Effects of Consumer Trends on Community Health:

- Dynamics of mass communication
- Principles of manipulative psychology in advertising
- Influence of one-way communication on individual attitudes
- Available quantity and quality of health care facilities
- Industrial impact on consumer trends
- Influence of advertising campaigns on community health problems
- Resources for countering false advertising that has a negative influence on community health
- Laws and regulations related to the health of the community
- Health related quackery

Communication to Increase Awareness of Community Health Conditions:

- Influence of individual attitudes on receiving and seeking community health information
- Describing information programs relating to community health
- Use of mass media in community health information programs
- Evaluating information programs and content

Methods of communication available to community health agencies
Improving channels of communication

Determining the influence of special interests on communication related to health

4.3 Influence of environmental conditions on community health

Course or Elementary-Unit Goal:

The student . . .

. . . will know the various environmental conditions which influence community health at local, regional, national and international levels.

. . . will be able to analyze how/why various environmental conditions influence community health at local, regional, national and international levels.

. . . will be able to formulate a plan to reflect the various environmental conditions which influence community health.

. . . will be able to implement a plan to reflect environmental conditions which influence community health.

Suggested Content for Instruction and Performance Indicators:

Pollution:

- Control standards and enforcement
- Air conservation and restoration
- Soil conservation and restoration
- Water conservation and restoration
- Noise control and prevention
- Visual control and prevention
- Radiation control and prevention
- Food control and prevention

Population:

- Ecological differences in urban and rural settings
- Effects on natural resources
- Demands on products and services
- Distribution
- Effects of overpopulation
- Animal control
- Attitudes toward planning

Safety Hazards and Natural Disasters: (See also Safety, pages 35 to 45.)

- Flood
- Forest fires
- Tornados

Physical Environment:

- Weather
- Topography
- Geography
- Home
- Work

4.4 Disease control and prevention

Course or Elementary-Unit Goal:

The student . . .

. . . will know factors associated with the occurrence, treatment, control of disease and methods of prevention.

. . . will be able to evaluate factors associated with the occurrence, treatment, control of disease and methods of prevention.

. . . will be able to develop a plan to responsibly influence the factors which reduce and prevent disease.

. . . will be able to implement a plan to responsibly influence the factors which reduce and prevent disease.

Suggested Content for Instruction and Performance Indicators:

Common Communicable Diseases:

- Causes
- Signs and symptoms
- Methods of transmission
- Influence of health habits on susceptibility
- Treatment
- Immunizations
- Environmental controls against disease epidemics
- Bodily defenses
- Epidemics
- Carriers
- The common cold
- Mononucleosis
- Venereal disease

Common Noncommunicable Diseases:

- Chronic
- Degenerative
- Genetic and chromosomal disorders
- Cancer
- Stress diseases
- Treatment and rehabilitation
- Medical quackery and fadism

History and Influence of Disease:

- Death rates and life expectancy
- Contributions of professionals
- Sanitation
- Research
- Trends and predictions

4.5 Community health problems

Course or Elementary-Unit Goal:

The student . . .

. . . will know what current community health problems exist.

. . . will be able to analyze the reasons current community health problems exist.

. . . will be able to design an action plan focusing on solutions to current community health problems.

. . . will be able to implement a personal plan focusing on solutions to current community health problems.

Suggested Content for Instruction and Performance Indicators:

Health Problems of Specific Groups:

- Infants and preschool children
- Students
- Pregnant women
- Veterans
- Indigent
- Minorities
- Migrant workers
- Industrial workers
- Handicapped
- Invalids
- Aged

Local and State:

- Urban health problems
- Suburban health problems
- Rural health problems
- Fluoridation
- Energy resources
- Soil depletion
- Pollution
- Littering
- Adequate and available health care
- Recreational facilities
- Crowding
- Maintaining wilderness and wildlife
- Transportation facilities

National and International:

- Leading causes of death and illness
- Status of national fitness
- Cultural barriers to health care
- International cooperation in controlling disease
- Population distribution
- Medical care
- Food shortages
- Transportation
- Conservation
- International narcotics traffic
- Implications of self-destructive behavior

Approaches to Solving Community Health Problems:

- Accepting responsibility
- Seeking reliable information
- Supporting health services
- Implications of national health care
- Supporting community health regulations
- People to People Health Foundation (Project Hope)
- Influencing health legislation
- Planning for future health needs
- Assisting voluntary health organizations
- World Health Organizations (WHO)
- United Nations, Educational Scientific and Cultural Organizations (UNESCO)

4.6 Health careers

Course or Elementary-Unit Goal:

The student . . .

. . . will know various relationships between personal interests and potential in the selection of health careers.

. . . will be able to analyze various relationships between personal interests and potential in the selection of health careers.

. . . will be able to formulate a plan for applying relationships between personal interests and potential in the selection of health related careers.

. . . will be able to implement a plan for applying personal interests and potential to the selection of a health related career.

Suggested Content for Instruction and Performance Indicators:

Self-awareness:

Interest
Values
Aptitudes
Educational background
Self-discipline
Sociopsychological limitations
Attitudes

Realistic Perceptions:

Education and/or entry-level requirements
Supply and demand
Opportunity for advancement
Skills basic to most health careers
Mental and physical potential
Duration of training
Humanitarian rewards
Ethics
Pressures
Stress
Job security
Previous experience
Personal health status
Preparation institutions
Preparation costs
Salary and benefits
Impact on lifestyles
Working environment
Up-to-date skills
Geographical location

Samples of Careers:

Medical
Nursing
Physical therapy
Psychiatric
Health education
Laboratory technicians
Hospital
Statistician
Oral/Dental
Veterinary medicine
Psychology
Counseling
Community health services
Researchers
Emergency
Nutrition

4.7 Community health resources

Course or Elementary-Unit Goal:

The student . . .

. . . will be able to locate community health resources.

. . . will be able to evaluate community health resources.

. . . will be able to use community health resources to facilitate healthful living.

Suggested Content for Instruction and Performance Indicators:

Sources of Information and Services:*

Multimedia
Magazines and periodicals
Newspaper
Telephone book
Card catalog
Laws
Professional organizations
Agencies
Family planning services
Chamber of Commerce
Health and accident insurance
Hospital insurance
Medical care plans
Retirement and health provisions
Methods of comprehensive health planning
General resources for services

Seeking Professional Help:

Why
When
Who

*See page 3, Step 10.

COMMUNITY HEALTH EDUCATION SURVEY

Check one: Community Teacher Student Parent

Grade

Level

School

Parent, please indicate your youngster(s):

Grade Level: K 1 2 3 4 5 6

7 8 9 10 11 12

Sex: Male Female

Listed below are topics that might be included in the health education program in your school. Which of these topics would you like to see included in such a program? Please feel free to add topics on lines 25, 26 and 27 if you have other interests that are not included.

Should this topic be included in a health program?	(Check one blank for each topic.) Yes	No	Maybe
1. How and why the body works	_____	_____	_____
2. How and why the body is sometimes sick	_____	_____	_____
3. Personality	_____	_____	_____
4. Mental health	_____	_____	_____
5. Sexual development	_____	_____	_____
6. Problem-solving	_____	_____	_____
7. Drug use (including alcohol and tobacco)	_____	_____	_____
8. Accident prevention and risk taking (traffic, home, recreational, industrial safety)	_____	_____	_____
9. Basic first aid	_____	_____	_____
10. Nutrition	_____	_____	_____
11. Feelings (self and others)	_____	_____	_____
12. Communication	_____	_____	_____
13. Health and the environment	_____	_____	_____
14. Value systems	_____	_____	_____
15. Consumerism	_____	_____	_____
16. Death	_____	_____	_____

		Yes	No	Maybe
17.	Family (self and others)	_____	_____	_____
18.	Health careers	_____	_____	_____
19.	Growth and development (self and others)	_____	_____	_____
20.	Genetics (hereditary traits)	_____	_____	_____
21.	Chronic diseases (heart, cancer, diabetes, epilepsy, allergies, emphysema)	_____	_____	_____
22.	Community health	_____	_____	_____
23.	Personal hygiene	_____	_____	_____
24.	Oral/Dental hygiene	_____	_____	_____
25.		_____	_____	_____
26.		_____	_____	_____
27.		_____	_____	_____

Which of the above topics would you most want to have included in a health education course? List your *top five choices* below, using only the numbers of the topics you choose.

1.
2.
3.
4.
5.

Comments:

*SCHOOL HEALTH EDUCATION SURVEY
(For Teachers and Administrators)

1. **PERSONNEL**

Elementary Level

Does your district have a person in charge of health education at each elementary building? Yes No

Comments:

Do elementary teachers in your district have as much training in health education as they do in math, science and reading? Yes No

Comments:

Do you have elementary school nurses? Yes No
If "yes," to how many schools is each nurse assigned? 1 per schools

Comments:

Secondary Level

Does your district have a person in charge of health education at each secondary building? Yes No

Comments:

Do the secondary health teachers in your district have a major or minor in health education? Yes No

Comments:

Do health classes have the same size enrollments as other classes? Yes No

Comments:

*Adapted from *General Guidelines for School Health Education Curriculum Development*, January 1975, Revised I, Vancouver IED, Washington.

Do you have a school nurse for the secondary schools? If "yes," to how many schools is the nurse assigned? Yes / No
1 per / schools

Comments:

District Level

Do you have a person to coordinate your schools' health education programs? Yes / No

a district health education coordinator with full-time responsibility for health education? Yes / No

a person assigned to coordinate both physical and health education? Yes / No

an interested teacher, school nurse, principal, etc., to coordinate the health education program? Yes / No

a district curriculum director responsible for all subjects in the curriculum? Yes / No

Comments:

Does the person responsible for coordinating health education have sufficient time to coordinate and implement your school health education program? Yes / No

Comments:

Does the person responsible for school health education have access to funds equal to other subject areas to improve the quality of your health program? Yes / No

Comments:

On a scale of 1 to 10, please rate your district's program in terms of personnel, resources and activities. ☐

2. INSERVICE

Elementary Level

List health education workshops or inservice attended by teachers in your district during the last two years:

Training	Location

Comments:

Secondary Level

List health education workshops or inservice attended by teachers or administrators in your district during the last two years:

Training	Location

Comments:

District Level

Have teachers been surveyed concerning those areas of health for which they would like further information, ideas, activities, etc.? Yes No

Comments:

Have students been asked what areas of health they are interested in? Yes No

Comments:

Does the person responsible for health education help determine health inservice for your district? Yes No

Comments:

Compared with other subject areas, is health receiving a fair share of inservice time? Yes No

Comments:

Does your district plan to provide inservice courses in health education this school year? Yes No

If "yes," in what area?

Comments:

Does your district provide funds for inservice? Yes No

Comments:

Does your district provide release time for teacher inservice? Yes No

Comments:

Does your district allow release time to visit model programs in other districts? Yes No

Comments:

On a scale of 1 to 10, please rate your district's inservice area. ☐

3. COMMUNITY RELATIONS

District Level

Have parents been surveyed to see what they would like included in a school health program? Yes No

Comments:

Does the school inform the public about its health education program? Yes No

Comments:

Do you have health education classes to provide parents with correct and up-to-date information? Yes No

Comments:

Do you have an active community-school health education committee made up of parents, teachers, students, medical personnel, administrators? Yes No

Comments:

Is there a resource list of health-related organizations, agencies or individuals available to teachers? Yes No

Comments:

On a scale of 1 to 10, please rate your district's community relations effectiveness. ☐

4. WRITTEN GUIDELINES

Elementary Level

Do you have an active health curriculum planning committee at the elementary level composed of interested teachers, nurses, principals, etc.? Yes No

Comments:

Is the teaching of health required in the elementary grades by your district? Yes No

Comments:

How much time is devoted to teaching health in the elementary schools?

(minutes per day)

Comments:

What subject areas are covered in the elementary grades (please check):

- Aging
- Alcohol education
- Anatomy and physiology (including personal hygiene)
- Community health
- Decision-making/ Problem-solving
- Oral/Dental health
- Disease (chronic and communicable)
- Drug education
- Health careers
- Human ecology
- Human sexuality
- Medical care
- Mental health
- Nutrition
- Research developments in health science
- Safety education (including first aid and survival)
- Smoking

Comments:

Secondary Level

Do you have an active health curriculum planning committee at the secondary level composed of interested teachers, nurses, principals, etc.? Yes No

Comments:

At what grade level(s) do students receive health instruction?

6 7 8 9 10 11 12

Comments:

How much health instruction on the average does a student receive between grades 7-12? Yes No

Comments:

Are health classes coeducational at the secondary level? Yes No

Comments:

Do health classes alternate with another subject area? Yes No

If "yes," what other subject area?

Comments:

What subject areas are covered in the secondary schools (please check):

- Aging
- Alcohol education
- Anatomy and physiology (including personal hygiene)
- Community health
- Decision-making/ problem-solving
- Oral/Dental health
- Disease (chronic and communicable)
- Drug education
- Family health (including heredity and sex education)
- Health careers
- Human ecology
- Medical care
- Mental health
- Nutrition
- Research developments in health science
- Safety education (including first aid and survival)
- Smoking

Comments:

District Level

How do students feel about their health education classes? 1 2 3 4 5
Indifferent Excited

Comments:

Does your district have a scope and sequence chart for health education? Yes No

Comment:

Does your district have a health education curriculum guide? Yes No

If "yes," date of last revision:

If "no," what is the basis of your health program?

Comments:

Have teachers been trained in the use of your health guide? Yes No

Comments:

5. EVALUATION

District Level

Does your district have a system for continued evaluation of the effectiveness of the health program? Yes No

Please explain:

On a scale of 1 to 10, please rate your district in the area of evaluation. ☐

Are teachers new to the district trained in the use of your health guide? Yes No

What percentage of teachers actively follows your district health guide?

Comments:

Are the suggested materials listed in the guide readily available to teachers? Yes No

Comments:

What areas of the curriculum, other than health classes, specifically include planned health instruction?

Class	Health Area Included	Grade Level

Comments:

On a scale of 1 to 10, please rate your district's written guidelines. ☐

A CONTINUOUS PATH TOWARD A SCHOOL HEALTH EDUCATION PROGRAM

A CONTINUOUS PATH TOWARD A SCHOOL HEALTH EDUCATION PROGRAM